

**BLAKELY
SOKOLOFF
TAYLOR &
ZAFMAN**

1279 OAKMEAD PARKWAY
SUNNYVALE, CALIFORNIA 94085-4040

(408) 720-8300 (Telephone)
(408) 720-8383 (Facsimile)

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Fax Number: (571) 273-8300 Telephone No.: (866) 217-9197
From: Stephen M. De Klerk
Date: May 16, 2007 Time: _____
Operator: Linda Brost Atty. Docket No.: 007751.P006
Number of pages including cover sheet: 4
In Re Patent Application of: Elke Zakel, et al.
Application No.: 10/581,819 Confirmation No.: 7190
Filed: June 2, 2006
For: METHOD AND DEVICE FOR ALTERNATELY CONTACTING
TWO WAFERS

Enclosed are the following documents: Three (3) fee transmittals, representing:
(1) Payment of \$575.00 for entity change fees (small to large) pertaining to
Change of Entity Status e-filed on 5/14/07; (2) payment of \$130.00 for Response
to Notification of Missing Requirements e-filed on 5/14/07; (3) payment of \$120.00
for one-month extension of time regarding Response. Fees were not paid at
time of filing because of error in EFS system; received message stating "Maxi-
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Instructions received from EFS techs to submit fee transmittals via facsimile.

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(Rev. 11/23/97)

MAY 16 2007

PTO/SB/17 (05-07)

Approved for use through 05/31/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004,
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 675.00**Complete if Known**

Application Number	10/581,819
Filing Date	June 2, 2006
First Named Inventor	Elke Zakel
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assigned
Attorney Docket No.	007751.P005

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, et al.
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Entity status change fee, small to large entity; filing/extra claims

Fees Paid (\$)

\$575.00

SUBMITTED BY

Signature	/ Stephen M. De Klerk /	Registration No. (Attorney/Agent)	46,503	Telephone	(408) 720-8300
Name (Print/Type)	Stephen M. De Klerk			Date	May 16, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MAY 16 2007

PTO/SB/17 (05-07)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)
130.00**Complete If Known**

Application Number	10/581,819
Filing Date	June 2, 2006
First Named Inventor	Elke Zakel
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assigned
Attorney Docket No.	007751.P005

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☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

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Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

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Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

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Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

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_____	_____	_____	_____	_____

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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) **Fees Paid (\$)**

Other (e.g., late filing surcharge): Late filing surcharge for Oath/Decl.: Response to Not. of Missing Req. **\$130.00**

SUBMITTED BY

Signature	/ Stephen M. De Klerk /	Registration No. (Attorney/Agent)	48,503	Telephone (408) 720-8300
Name (Print/Type)	Stephen M. De Klerk	Date	May 16, 2007	

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2007☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 120.00**Complete If Known**

Application Number	10/581,819
Filing Date	June 2, 2006
First Named Inventor	Elke Zakel
Examiner Name	Not Yet Assigned
Art Unit	Not Yet Assigned
Attorney Docket No.	007751.P005

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, et al.

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Plant	200	100	300	150	160	80	
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Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

360

180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)****Multiple Dependent Claims**

- 20 or HP = _____ x _____ = _____

Fee (\$)

Fee Paid (\$)

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Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

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